

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14732

FILED MAY 7 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>152</u>		PRIMARY REG. DIST. NO. <u>2502</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Carthage</u> c. LENGTH OF STAY (in this place) <u>45 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> d. STREET ADDRESS (If rural, give location) <u>1102 S. Main St</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>LOUISE</u>		c. (Last) <u>BURT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>July 18-1892</u>	
9. AGE (in years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>office manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>office work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Walter S. Burt</u>		13b. MOTHER'S MAIDEN NAME <u>Alice C. Mitchell</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-10-1514</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nadge Burt, 1102 Main, Carthage, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral embolism</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial thrombus, left ventricle</u> DUE TO (c) <u>Auricular fibrillation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> <u>2-3 wks</u> <u>1-2 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4330</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4-10-1953</u> to <u>4-29-1953</u> that I last saw the deceased alive on <u>4-28-1953</u> and that death occurred at <u>5:50a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Shirley S. Patterson</u> MD (Degree or title)				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>4-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-30-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-29-53</u>		REGISTRAR'S SIGNATURE <u>Shirley S. Patterson</u> MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-6-53
Jasper County Health Office

County File Number 53-5-388

Copy Filed 5-6-53

JUN 1 9 1953

JUN 1 2 1953

DEC 8 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.